#### **ORIGINAL ARTICLE**

# Parents' Knowledge on Diarrhea in a Plantation Area

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ABSTRACT The parents' knowledge on diarrhea was evaluated by a cross sectional study in Balimbingan plantation PTP VIII Kabupaten Simalungun on December 18-19, 1992. The study was conducted by providing questionnaires to 216 parents of infants and children with diarrhea. Most parents (97.2%) knew that diarrhea was a disease, while six of them (2.8%) thought that diarrhea was not a disease but was associated with the increase level of intelligence or teeth eruption. Seventy-five percent of parents thought that fluid and electrolyte ought to be given to children with diarrhea, and 16.5% thought to give anti-diarrheal drugs or traditional medicaments. Fluid and electrolytes were given as an initial treatment for diarrhea by most of the parents (69%). Eight per cent of parents gave diarrheal drugs and 12% used traditional medicaments. They got oral electrolyte solution (OES) from the health workers (63.3%) or from the dispensaries or drug stores (36.7%). Most of the parents (53.7%) thought that OES was useful to stop diarrhea. Only 30.3% knew that OES was used as the substitute of fluid loss, 16% thought it was to cure for stomach ache. As many as 57.4% parents knew diarrhea as an infectious disease and 57.4% knew how to prevent it. Most of them knew that environmental sanitation could prevent the disease (23.3%). Food and beverages were known as vehicle of infections by 37.5% parents. [Paediatr Indones 34:149-153]

## Introduction

Diarrhea is still one of the major health problems in Indonesia. Some surveys in Indonesia show that morbidity rate of diarhhea is around 120-360 per 1000 inhabitans. Diarrhea in infants is found

in 1-2 episodes per year and estimated accounts for 60% of all morbidity.

The mortality for all ages due to diarrhea is about 12%, and most of them (76%) are babies and children. Survey of family health in 1991 showed that the morbidity rate of diarrhea for all ages was 200 per 1000 inhabitans, with diarrheal episode for children was around 1 per year. Rehidration by giving fluid and oral or parenteral electrolyte together

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with continuing feeding can decrease the number of death in infants and children caused by diarrhea.

The efforts of preventing diarrhea are mainly influenced by the knowledge of parents about diarrhea. A few parents do not give oral electrolyte solution (OES) to children, discontinue feeding, and start giving anti-diarrhea. Early administration of OES by the parents at home can prevent dehydration and other fatal complications.<sup>26</sup> The parents' knowledge on diarrhea and its management depend upon some factors such as experience, educational level, and culture.<sup>7</sup>

The aim of this study was to evaluate parents' knowledge on diarrhea in PTP VIII Balimbingan plantation, Simalungun district, North Sumatra, Indonesia.

#### Methods

This study was a cross sectional observation held on 18-19 December 1991 at PTP VIII Balimbingan Plantation, Kabupaten Simalungun, by performing interviews and providing questionnaire. The questionnaire consisted of several questions on knowledge with regard to the etiology of diarrhea, the first aid measures, the use of OES, the way to get OES, the meaning of getting infections, and steps how to prevent diarrhea. The participants were all parents (mothers) of babies or children visiting Posyandu (Integrated Service Post). The area of PTP VIII Balimbingan Plantation is 12 633 hectares consisted of 15 "Afdeling". The number of population in that plantation was 7356. Two hundred and sixteen mothers actively has participated in this study.

#### Results

As many as 210 mothers (97.2%) of 216 knew that diarrhea was a disease, while 6 (2.7%) thought that diarrhea was not a disease (Table 1). Two of the six mothers who thought that diarrhea was not a disease thought that the children were growing more intelligent, and 4 parents associated diarrhea with teeth eruption (Table 2). Of 210 mothers who knew that diarrhea was a disease, 75% thought to give to their children fluid and electrolyte (75%), 16.5% gave diarrheal drugs, and 8.4% gave traditional remedies (Table 3).

Table 1. Mothers' knowledge on diarrhea

No. of mothers	%
210	97.2
6	2.8
216	100
	mothers 210 6

Table 2. Knowledge of the cause of diarrhea

No. of mothers	%
2	33.3
4	66.7
6	100.0
	mothers 2 4

For initial treatment when the child had diarrhea, 145 (69 %) of 210 mother gave OES, 8% gave a plenty of water to drink, 8% gave diarrheal drugs, while 12% gave some kinds of traditional medicaments (Table 4).

Table 3. First aid in children with diarrhea

Measures	No. of mothers	%
Liquid and electrolyte	158	75.1
Diarrheal drug	35	16.5
Traditional medica- ments	17	8.4
Total	210	100.0

Table 4. Necessary step taken by mother when their children got diarrhea

Step taken	No. of mothers	%
Give OES	145	69
Give plenty of water	17	8
Give diarrheal drug	17	8
Fasting but continue breast milk	4	2
Food stopped	2	1
Traditional medicament	25	12
Total	210	100

Table 5. The use of OES

No. of % mothers	
113	53.7
64	30.3
33	16.0
210	100.0
	mothers 113 64 33

Most of the mothers (113 of 210) or 53.7% knew that OES could stop the diarrhea, 69 (30.3%) thought that OES could substitute fluid lost, 33 (16%) thought it as a diarrheal medicament (Table 5). Of 210 mothers, 133 (63.3%) mothers got OES from health workers, while 77 (36.7%) from the dispensaries or drug stores (Table 6).

Table 6. Sources of the OES

Sources	No. of mothers	%
Health workers	133	63.5
Pharmacies/drug store	77	36.5
Total	210	100

Of 210 mothers, 120 (57.4%) knew that diarrhea was an infectious disease while 90 (42.6%) thought that it was not an infectious disease (Table 7). Of 120 mothers, 45 (37.5%) thought that the infection could be transferred from food and beverages, 27 (22%) thought it was transmitted through fecal-oral route, while 14 (11%) of them thought that the transmission is by insects; the remaining 34 (28.7%) believed that diarrhea was transmitted by close contact with person or clothes (Table 8).

Table 7. Diarrhea as an infectious disease

An infectious disease	No. of mothers	%
Yes	120	57.4
No	90	42.6
Total	210	100

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Table 8. Means of infection

Sources of infection	No of mother	%
Food and beverages	45	31.5
Fecal matter	27	22.0
Insects	14	11.8
Other (close contact with diarrheal patients/clothes)	34	28.7
Total	120	100.0

Table 9. Preventive measures

Preventive measures	No of mother	%
Sanitation	49	23.3
Cooking food and water	33	15.7
Washing food	24	11.4
Others (washing hands before eating and after defecation)	14	7.0
Don't know	90	42.0
Total	210	100.0

Of 210 mothers who knew that environmental sanitation was an important factor to prevent diarrhea, 33 (15.7%) knew preventing diarrhea by cooking food and beverages. Twenty-four (11.4%) parents thought that washing the food, washing the hands before eating or after defectaion, could prevent diarrhea and 90 (42%) did not know how diarrhea could be prevented (Table 9).

### Comment

This survey adds further information about parents' knowledge and attitude

on diarrheal diseases. Some differences are found between results in this study and other studies for some obvious reasons, i.e. parental education and local culture. In this study only 2.8% of the participants thought that the diarrhea was not a disease. This was smaller if compared with the study of Affandi<sup>8</sup> and Sahid<sup>9</sup> who found that 6.3% and 13%, respectively, of their respondents considered that diarrhea was not a disease.

For the treatment of diarrhea most parents (75%) gave fluid and electrolyte. However, 16.5% of the respondents gave diarrheal drugs, and 8.4% gave traditional medicaments. Fluid and electrolytes were given as an initial treatment in 1.8% in Affandi's study, 22.5% in Sudarjat study, and in 27.5% in Sahid's study. In our study 69% of the mothers gave fluid and electrolytes as an initial treatment for diarrhea.

In this study 12% of the mothers still used traditional medicament for diarrhea treatment, which is higher than found by Sudarjat (1.5%).

More than 50% of our respondents thought that OES could stop diarrhea. This and other misconseptions about OES certainly need correction, one or another by providing more information about the advantages of OES.

In summary, our study indicates that the majority of parents surveyed had a sufficient knowledge on diarrhea. Some of them, however, still have some misconceptions on several issues related to certain aspects of diarrhea in babies and children. For example, some believed that OES is used as the treatment of diarrhea instead of as fluid and electrolyte substitution.

#### References

- Sutoto. Program pemberantasan penyakit diare. Pertemuan Pemantapan Program P2ML. Cisarua, 15-19 Pebruari 1993: 1-15.
- Ismail R. Pengetahuan dan perilaku masyarakat dalam mengelola penyakit diare di daerah Panduan P2D Sumatera Selatan. Medika 1992; 17:449-55.
- Lubis IZ. Risiko terjadinya diare identifikasi faktor pada bayi. Medika 1991; 17: 106-9.
- Naim M. Rehidrasi oral pada diare akut. Medika 1990; 16:319-29.
- Sunoto. Patogenesis dan patofisiologi diare pada anak. Dalam: Gastroenterologi anak praktis. Jakarta: FKUI; 54-65.

- Wahyu H. Aspek klinis diare akut pada anak dan pengobatannya. Pertemuan Ilmiah Penelitian Penyakit Diare di Indonesia, 21-23 Oktober 1982:1-10.
- Notoatmodjo S, Sarwono S. Perilaku di dalam kesehatan dan gizi. Dalam: Pengantar ilmu perilaku kesehatan, Jakarta: BPKM FKM-UI, 1985; 1-8.
- Affandi, Sikap dan kebiasaan masyarakat dalam menghadapi Diare. Medika 1980; 1: 28-32.
- Sahid HW. Perilaku ibu penderita. Poliklinik dan BKIA RS Dr. Kariadi terhadap diare. Naskah Lengkap BKGAI Semarang: 345-57.
- Sudarjat. Sikap dan perilaku ibu balita penderita diare di kecamatan Mengin. Medika 1986; 8: 22-4.